

Goods in Transit Claim Form

Client			
Policy Number			
Type of Business		VAT No.	
Contact Person		Contact No.	
Address			
Suburb / Town		Postal code	

INCIDENT INFORMATION

Date of Incident		Time	
Place of Incident			
Vehicle			
Registration Number			
VIN Number			
Trailer			
Registration Number			
Do you own the vehicle or trailer?	☐ Yes ☐ No		
If NO, state name and address of owners			

OTHER VEHICLES INVOLVED

Name	
Are they insured?	☐ Yes ☐ No
If YES, with whom?	
Policy Number	
Address	
Contact Number	

WITNESSES

Name			
Address			
Contact Number		Email Address	
Relation to Insured			
Name			
Address			
Contact Number		Email Address	
Relation to Insured			
Name			
Address			
Contact Number		Email Address	
Relation to Insured			

FULL DESCRIPTION OF GOODS LOST OR DAMAGED

Description			
No of packages or articles			
Amount of claim			
For whom were the goods being carried?			
Name, address & telephone number of the owner of the goods			
Name, address & telephone number of their insurers			

Where can goods be inspected?			
Were you the principal contractor or subcontractor?			
When and where were the goods loaded?			
Did you or your employee's load the vehicle?			
Did you or your employee's unload the vehicle?			
Driver name & surname			
Driver ID number			
Did the driver check the consignment?			
Were clean receipts given at the time of loading?			
How were the goods packed?			

CIRCUMSTANCES OF THE LOSS

Give full details of the journey and describe the event giving rise to the loss			
What action did the driver take immediately after the loss or damage?			
Have consignee's accepted delivery?			
Did you use the Standard Trading Conditions?			
If not, what conditions of carriage did you use?			
Has a claim been made against you?			

POLICE DETAILS

NB! All losses must be reported to the police

Police Station Reported			
Case Number		Date Reported	
Signature		Date	

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM

-  Fully Completed Claim Form
-  Contract of Carriage / Load Confirmation
-  Driver's Statement Describing Circumstances Leading up to and Including the Loss
-  Copy of Original Suppliers/Sales Invoice Reflecting the Cost Price of the Goods of the Full Load at Time of the Loss
-  SAPS Case Number
-  Third Party Details
-  Horse and Trailers Roadworthy & License Certificates
-  Full Price Itemised Claim Identifying Items Lost/Damaged
-  Signed Delivery Note and/or Waybill
-  Enlarged and Clear Copy of the Driver's Current PrDP and License, Including Any Endorsements
-  Load Confirmation and/or Transport Costs Charged for the Load Delivery
-  Copy of Insurance Contract of All Parties Involved